



BF

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/397,957
Filing Date	09/17/1999
First Named Inventor	Duong
Examiner Name	F. Lu
Group Art Unit	1634
Attorney Docket No.	A-65686-1/RMS/RMK/JML

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) – 22 SHEETS FORMAL & LETTER TO OFFICIAL DRAFTSPERSON	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> ISSUE FEE TRANSMITTAL
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> CHECK # (\$1,360)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	<input checked="" type="checkbox"/> RETURN POSTCARD
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989	Customer Number 32940
Signature		
Date	NOVEMBER 13, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

NOVEMBER 13, 2003

Typed or printed name	MARIA CIGANOVICH
Signature	



LETTER TO OFFICIAL DRAFTSPERSON

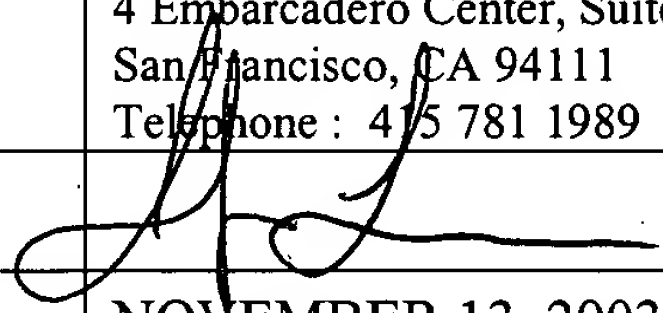
Application No.	09/397,957
Filing Date	09/17/1999
First Named Inventor	Duong
Examiner Name	F. Lu
Group Art Unit	1634
Attorney Docket No.	A-65686-1/RMS/RMK/JML

Mail Stop ISSUE FEE
COMMISSIONER FOR PATENTS
Attn: Chief Draftsperson
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed for filing in the referenced patent application are 22 sheets of formal drawings.
The Commissioner is hereby authorized to charge any fees or credit any overpayment to Deposit
Account No. 502319 (Order No. 463037-17 (A-65686-1)/RMS/RMK/JML.

Respectfully submitted,

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989	Customer Number 32940
Signature		
Date	NOVEMBER 13, 2003	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:		NOVEMBER 13, 2003
Typed or printed name	MARIA CIGANOVICH	
Signature	